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ATTORNEY DOCKET NO. VGEN.P-055

PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shipman
Application No.: 09/786,105
Filing Date: February 26, 2002
Title:: Method and kit for the characterization of antibiotic-resistance mutations
in mycobacterium tuberculosis
Group Art Unit: 1641 Examiner: P. Booker

REQUEST TO CORRECT FILING RECEIPT RECEIVED

Assistant Commissioner for Patents
Washington, DC 20231

MAR 29 2002

TECH CENTER 1600/2900

Dear Sir:

Applicant respectfully requests the filing receipt for the above-captioned application be corrected in the "Attorney Docket No." field and in the "Title" field. The Attorney Docket No. should be VGEN.P-055. The word tuerculosis in the "Title" field should be tuberculosis. Please correct these typographical errors.

Enclosed is a marked-up copy of the filing receipt.

Respectfully Submitted,

Oppedahl & Larson LLP

Marina T Larson

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CERTIFICATE OF MAILING under 37 CFR § 1.8(a)

I hereby certify that this paper and the attachments named herein are being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231 on February 15, 2002.

Date

2.15.02

Lori South

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TRADEMARK
SERIAL NO. 1641
UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/786,105	02/26/2001	1641	439	VGENIP-005 055	2	21	2

CONFIRMATION NO. 8468

021121
OPPEDAHL AND LARSON LLP
P O BOX 5068
DILLON, CO 80435-5068

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OC000000007306803

Date Mailed: 01/24/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Robert Shipman, Ontario, CANADA;

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Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/CA99/01177 12/10/1999

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Foreign Applications

UNITED STATES OF AMERICA 60111794 12/11/1998

Projected Publication Date: Not Applicable, filed prior to November 29, 2000

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Method and kit for the characterization of antibiotic-resistance mutations in mycobacterium
 tuberculosis
 +tuberculosis

Preliminary Class

436

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Bib Data Sheet

SERIAL NUMBER 09/786,105	FILING DATE 02/26/2001 RULE	CLASS 436	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. VGEN.P-055
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APPLICANTS

Robert Shipman, Ontario, CANADA;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/CA99/01177 12/10/1999

**** FOREIGN APPLICATIONS *******

UNITED STATES OF AMERICA 60111794 12/11/1998

**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>R. Shipman</i> Examiner's Signature	<i>SPC</i> Initials			

ADDRESS

021121

TITLE

Method and kit for the characterization of antibiotic-resistance mutations in mycobacterium tuberculosis

FILING FEE RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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